

DOOR COUNTY APPLICATION FOR EMPLOYMENT

Door County is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference, age, marital status, pregnancy, disability, or any other legally protected status.

MAIL APPLICATION MATERIALS TO:

Door County Human Resources Dept

421 Nebraska Street Sturgeon Bay, WI 54235

Phone: (920) 746-2305 Fax: (920) 746-2538

e-mail: hr@co.door.wi.us

Door County reserves the right to test all applicants for jobrelated skills. For certain positions, a pre-employment physical examination and drug testing may be required. Deadline: Friday, May 28, 2010 - 4:30 p.m.

Thank you for your interest in employment with Door County. Please read the following instructions carefully:

- This application is to be filled out by the applicant only. If you are physically unable to complete this form, or need other assistance in the hiring process, reasonable accommodations may be requested.
- Incomplete or illegible applications will not be considered. Résumés will be accepted as a supplement to the application form, but will not substitute for it.
- If more space is needed, please indicate this on the application form and attach the additional paper to the application.

		PERSONAL	INFORMATI	ON					
Position Applied For:			Department:			Date Available:			
LTE Bridge Tenders		I. H	Door County Highway Dept.						
Last Name:			First Name:			Middle Name:			
Street Address:			City:		State: ZIP:		ZIP:		
						-			
Home Phone:	Home Phone: Work Pho			ne: May we contact you at worl			k? What Hours?		
				Yes No				1	
E-Mail Address:							')		
		Full-Time Part-Time Seasonal Casual Intern LTE							
Are you at least 18 years of a minimum age requirements. E	<i>Employees unde</i> en, or do you b	<i>r 18 shall have a</i> nave papers from	work permit.)				Yes_	No	
(Verification will be required at the time of employment.)							Yes	No	
Are you able to perform all of the duties listed in the position description, with or accommodation?				or without re	easonable		Yes	No_	
Have you ever been convicted of a felony? (If the answer is "yes", please explain at the end of this application form. A "yes" answer does not necessarily disqualify an applicant.)						cation	Yes	Ν̈́ο	
WORK HISTORY - PART A A "yes" answer to any of the following questions does not necessarily disqualify an applicant from the selection process. If you answer "yes"									
A "yes" answer to any of the follo	wing questions to any	does not necessa of the following q	rily disqualify an ap uestions, please pro	oplicant from ovide an explo	the selection punation at the	orocess. If j end of this	you ansv applica	ver "yes" tion form.	
1. Have you ever been suspended, terminated, discharged or resigned to avoid being discharged?						Yes	No		
2. Have you ever been disciplined for attendance problems in your current or previous employment?							Yes	No	
3. Are there any gaps in employment in excess of thirty (30) days?							Yes	No	
Have you ever been employed by Door County?					Yes	No			

	EDU	CATTON 8	TRAINING				
		High S	chool:				
Highest Level Completed: Name & Location of High School:							ed?
9 10 11 12 [GED/HSED]					Yes		No
Edu	ıcation &	Training	Beyond High Scho	ool:			
Name & Location of Institution:	Education & Training Beyond High School: Dates Major Field of Study: From: To:					Degre Confer Year	red
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WORK HISTORY - PART B

Please complete this section in its entirety. Give a complete record of any employment, self-employment, military service or volunteer experience you have had in the past 10 years. Please include positions beyond the 10 year period if they are related to the position for which you are applying. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position. You may attach your resume as a supplement to the information you provide in the application. Please note that it is the policy of Door County to contact an applicant's current employer only after that applicant has been deemed a finalist for a position.

Employer Name:			Position Titl	Type of Business.					
ddress and phone of Business Street, City, ZIP, telephone & fax #):):	Reason for Lea	Name, Title & Phone of Supervisor:					
Employm From:	ent Dates: To:	Start Salary:	Ending Salary:	Hours per W	Hours per Week:		ek: May we contact, prior to an offer of employment? Yes No		
Description of Du	ties.				<u> </u>				
Description of Do	arts.								
	mployer Name:		Position Titl	e:		Type of Bu	siness:		
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ddress and phone of Business Street, City, ZIP, telephone & fax#))	Reason for Leaving:		Name, Title & Phone of Supervisor:				
Employment Dates: Start Salar		Start Salary:	Ending Salary:	Hours per V	Week: Is this employer still in business?				
From:	To:		,			Yes	No		
Description of D	uties:		.:						
			T			Type of B	usiness:		
	Employer Name:		Position Tit	Type of Damasso.					
Address and phone of Business (Street, City, ZIP, telephone & fax#)		<i>f</i>)	Reason for Lea	Name, Title & Phone of Supervisor:					
				-					
Employment Dates: Start Salar		Start Salary:	: Ending Salary: Hours p		er Week: Is this employer still in bus		yer still in business?		
From:	То:					No			
Description of D	outies:	1		1					

(For additional employers, please use a separate piece of paper or make a copy of this page)

FYDIAN	IATION(S) / SU	JMMARY IN	FORMATION .
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REFERRAL SOURCE	E (PLEASE PR		AIL WHEN POSSIBLE)
Newspaper:		Employee:	
Employment Agency:		Web Site:	
Bulletin Board:		Professional Jo	ournal:
Walk-in:		Job Service:	
Other:			
•			
			d view must complete the
In order for your app	olication to be	CONSIDERED Fidavit / Inf	d, you must complete the formation Release.
Employment	Аррисации Ан	iluavit / Ilii	Offidation release.
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DOOR Co	UNTY PERSONN	IEL DEPART	MENT USE ONLY
			Date Received:
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•			

EMPLOYMENT APPLICATION AFFIDAVIT / INFORMATION RELEASE

I hereby certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements, false information, or omissions of material fact herein subjects me to disqualification or dismissal. I further understand that my classification as a regular employee depends upon successfully performing work assigned to me during a probationary period, where applicable. I also understand that regular attendance is required of me as a condition of continued employment.

I understand and agree that all information furnished in this application may be verified by Door County. I also understand that any offer of employment is conditional subject to a satisfactory check of references and satisfactory results of a background check, drug screen when required, and any other required examinations.

I understand that Door County may conduct a check on my background to verify the information I have furnished in my application for employment, which may include, but not be limited to, information from previous employers, references, school records, driving records, and any criminal records.

I hereby voluntarily and knowingly authorize and request any current or former employer, educational institution, law enforcement agency, or other persons or organizations having personal knowledge about me to furnish Door County with any and all information in their possession regarding me, in connection with an application for or retention of employment. Further, I hereby release from liability or responsibility all persons, companies and corporations supplying such information. Copies of this document will be considered as valid as an original thereof.

Signature:

OPEN RECORDS DISCLOSURE (OPTIONAL)
This section is optional: Under section 19.36 (7) of the Wisconsin Statutes, the names of "final candidates must be open to public inspection. The statute also provides that if an applicant does not want his/he name revealed prior to being a "final candidate" they can do so by making a request in writing.
Accordingly, I hereby request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes.
Name (Printed or Typed): Signature: Date:

THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN EMPLOYMENT WITH DOOR COUNTY.

Date:

Name (Printed or Typed):

DOOR COUNTY BACKGROUND CHECK & EQUAL EMPLOYMENT OPPORTUNITY INFORMATION DISCLOSURE FORM

Door County is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference, age, marital status, pregnancy, disability, or any other legally protected status.

The following information is needed for the following purposes:

- To complete various government reports and implement equal employment opportunity and affirmative actions programs.
- To monitor and prevent discrimination on the basis of race, color, religion, sex, national origin, sexual
 preference, age, marital status, pregnancy, disability, or any other legally protected status.
- To facilitate and conduct the necessary background checks for pre-employment screening. These may include, but are not limited to the following: caregiver background checks; criminal records checks; driver's licensing checks; credential and educational verifications; and other necessary background investigations.

The information furnished on this form will not and legally cannot be used adversely against an applicant for employment, except that age, sex, and physical or mental ability may be considered when relevant to the position for which you are applying. This document will not be kept with the employment application, and will not be shared with those individuals involved in the interview process. It shall be maintained as a confidential record of the Personnel Department.

Please Su	pply The Fol	llowing Inform	ıation				
Last Name:	Firs	st Name:		Middle Name			
Position Applied For:	Date of Birth:		Are you 40 years of age or older? Yes No				
Maiden Name (If Applicable):	· Social Security Number:			Sex:			
			Male	/ Female			
-	Race: (Please	Check One)					
American Indian/Native American (inclu Natives)	iding Alaskan	African Ame	n American or African origin				
Asian		Hispanic/Lati	Hispanic/Latino				
White not of Hispanic origin		Native Hawai	Native Hawaiian or Pacific Islander				
Other			-				
	Disabili	ty:					
The Americans with Disabilities Act (ADA) define impairment that substantially limits one or more manual tasks, walking, caring for oneself, learning	najor life activities	[such as hearing, see	ing, speaking, bre	athing, performing			

The completion of the "Door County Background Check & Equal Employment Opportunity Information Disclosure Form" is voluntary, and there will be no adverse consequences for not completing this form.

regarded as having such an impairment." Based on this definition, are you an individual with a disability?

No